

FIG. 1

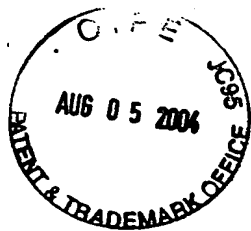
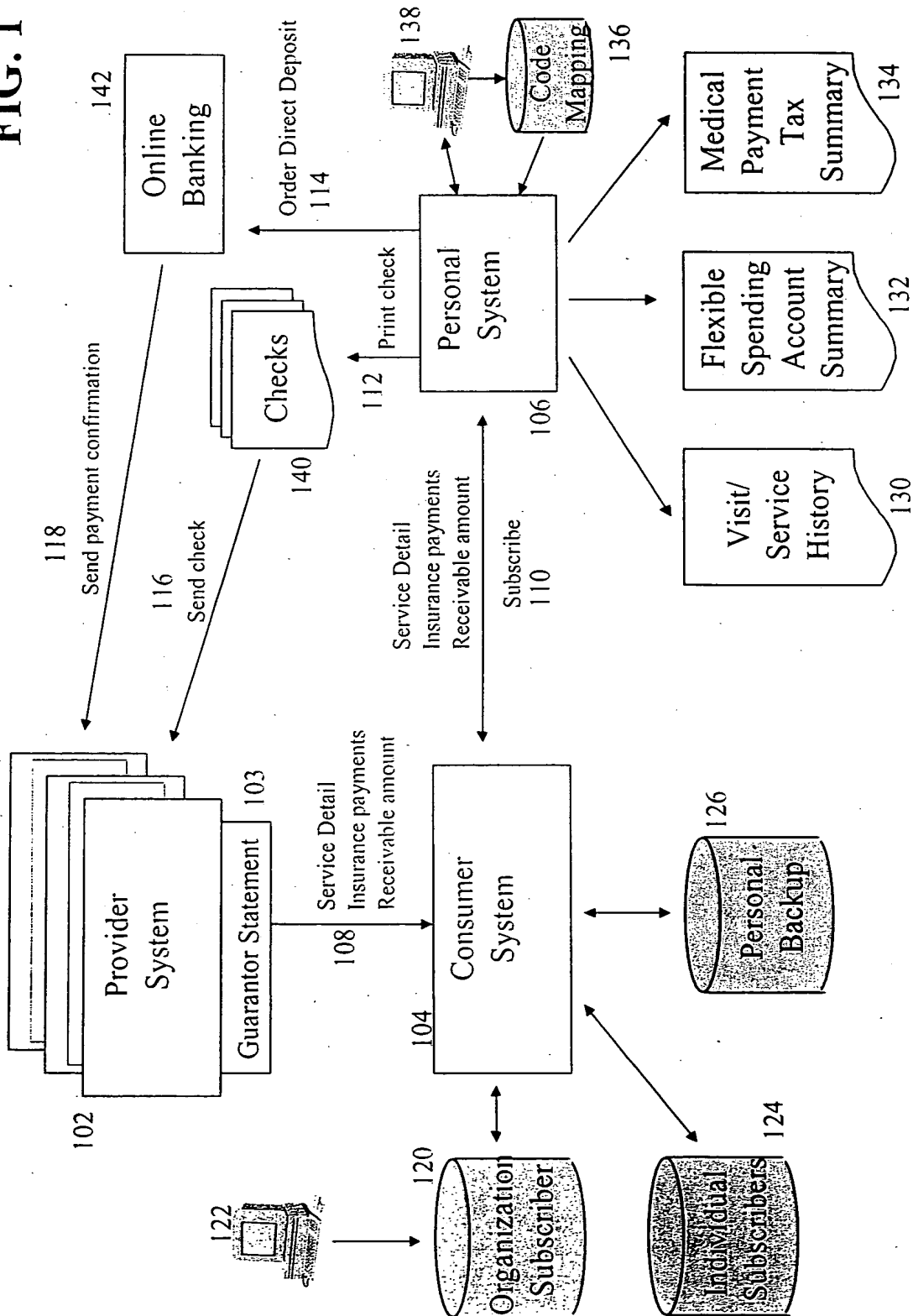
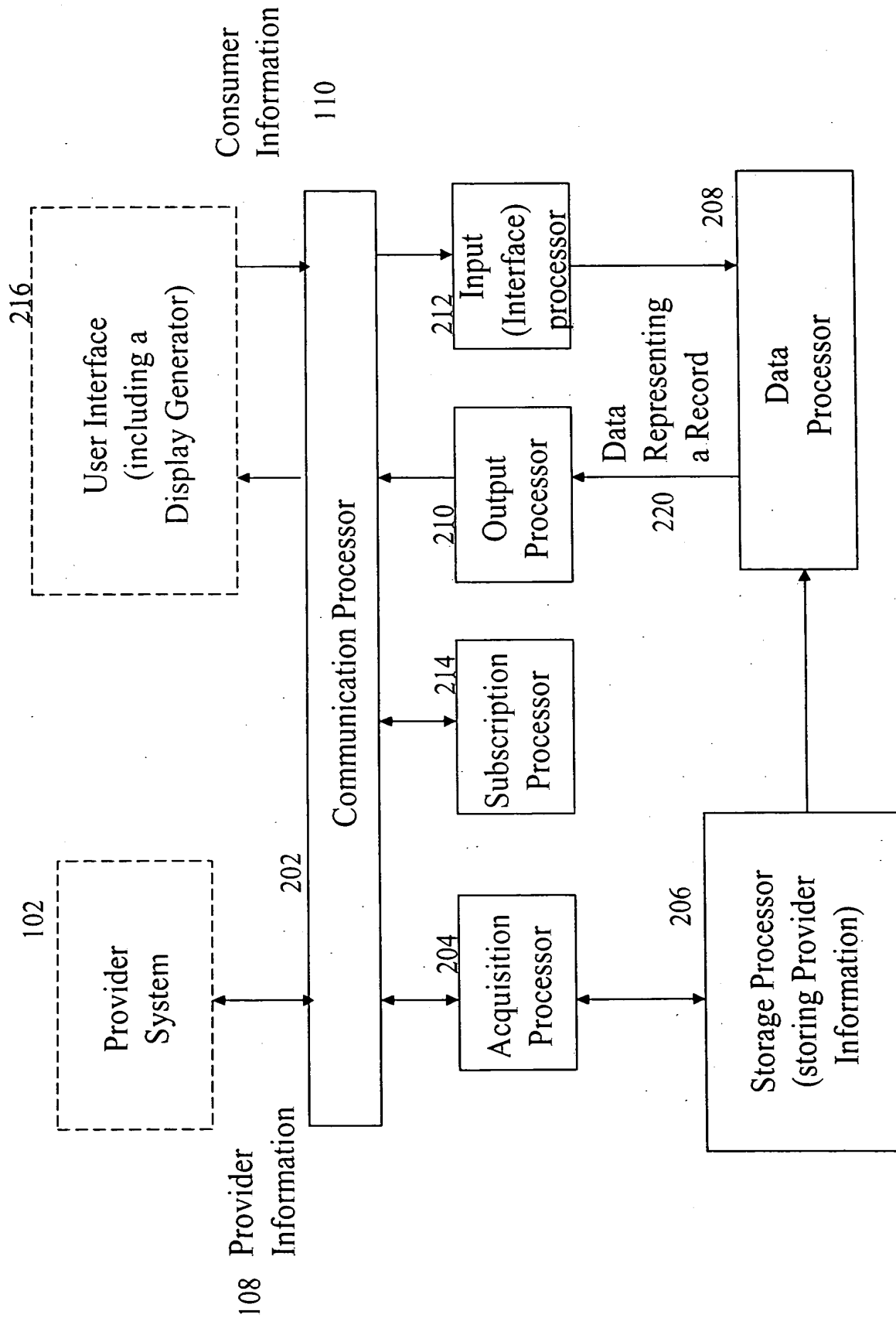


FIG. 2

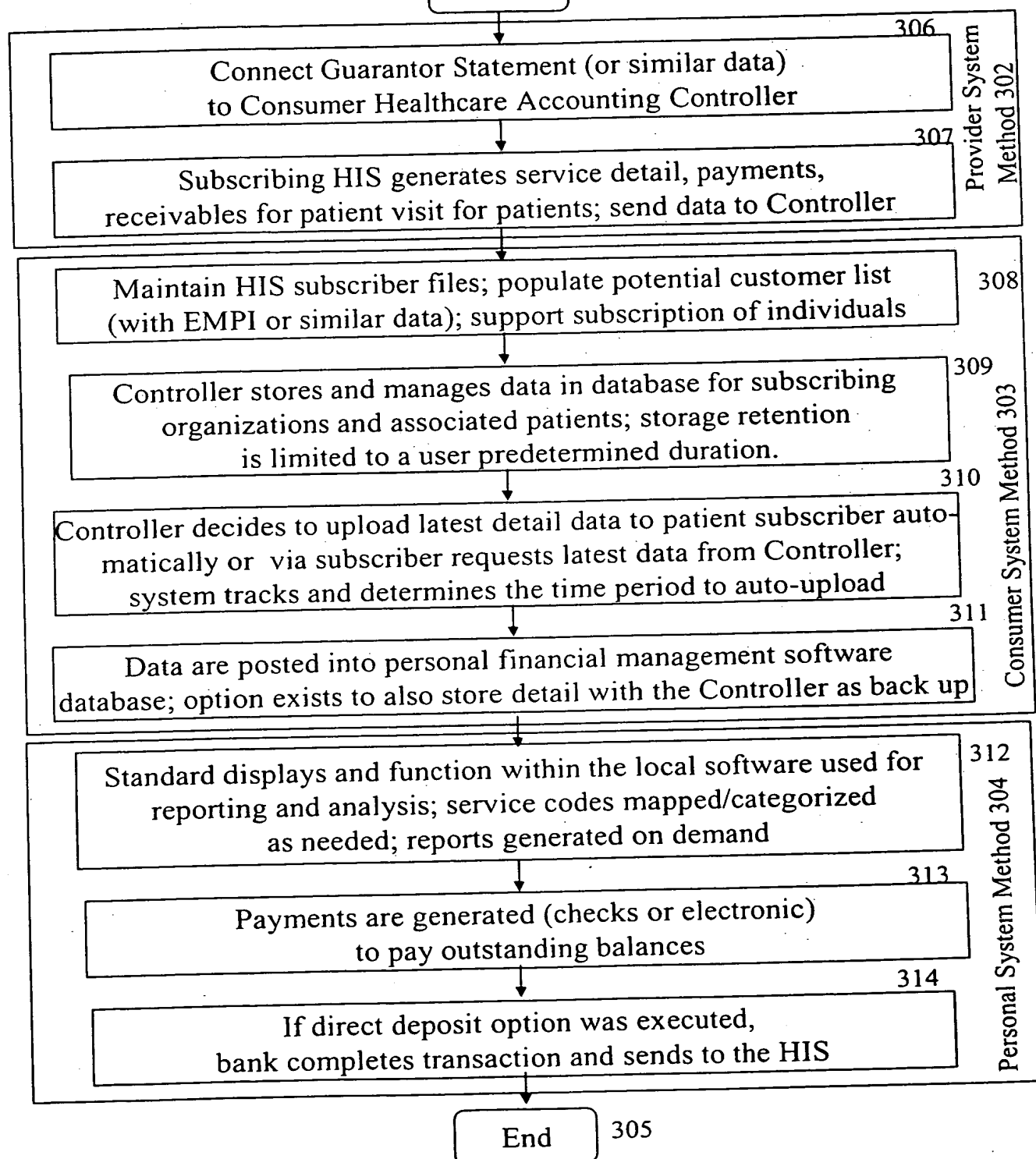


300

Personal and Healthcare Data
Financial Management Method

301

FIG. 3



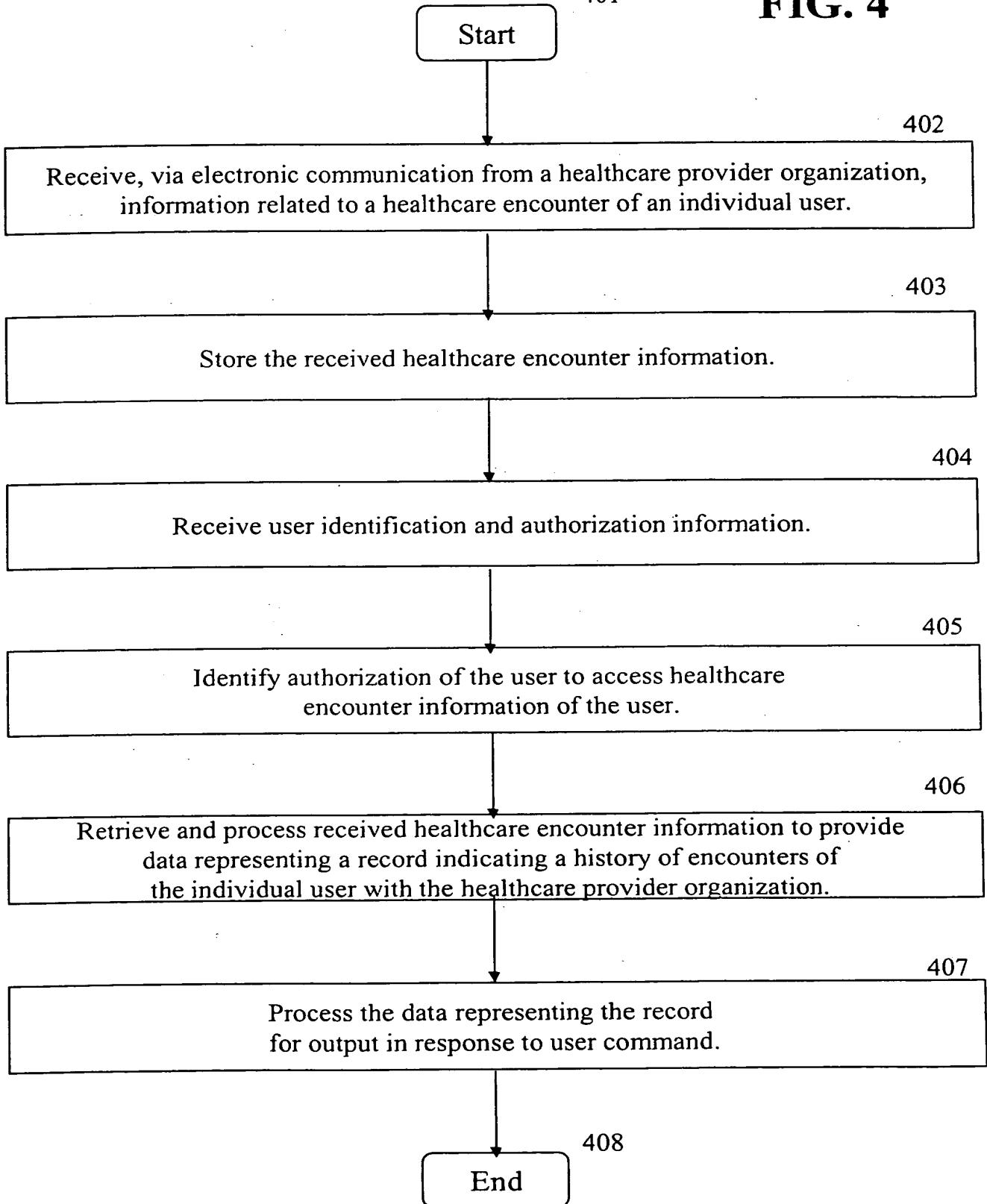
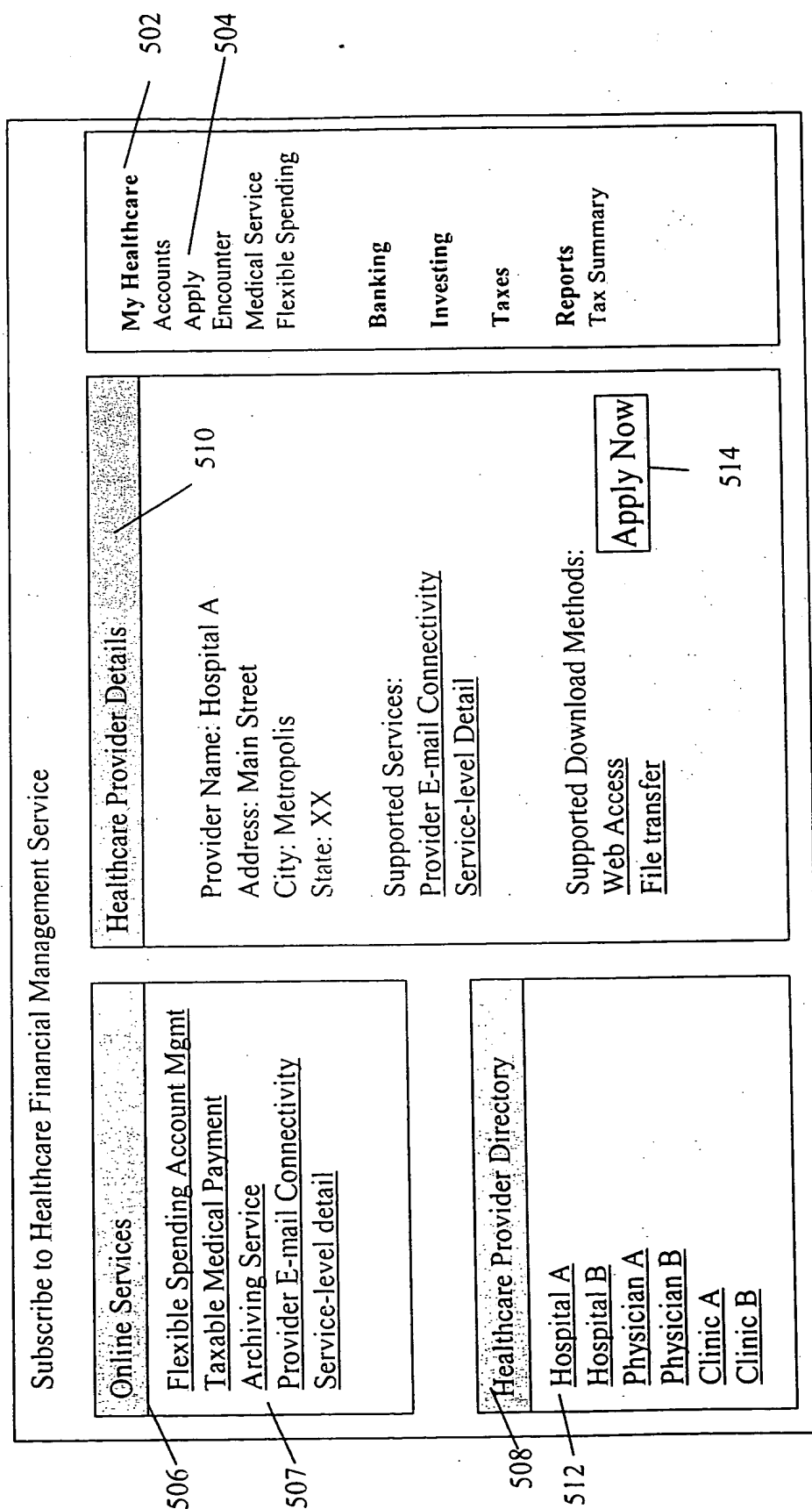


FIG. 5

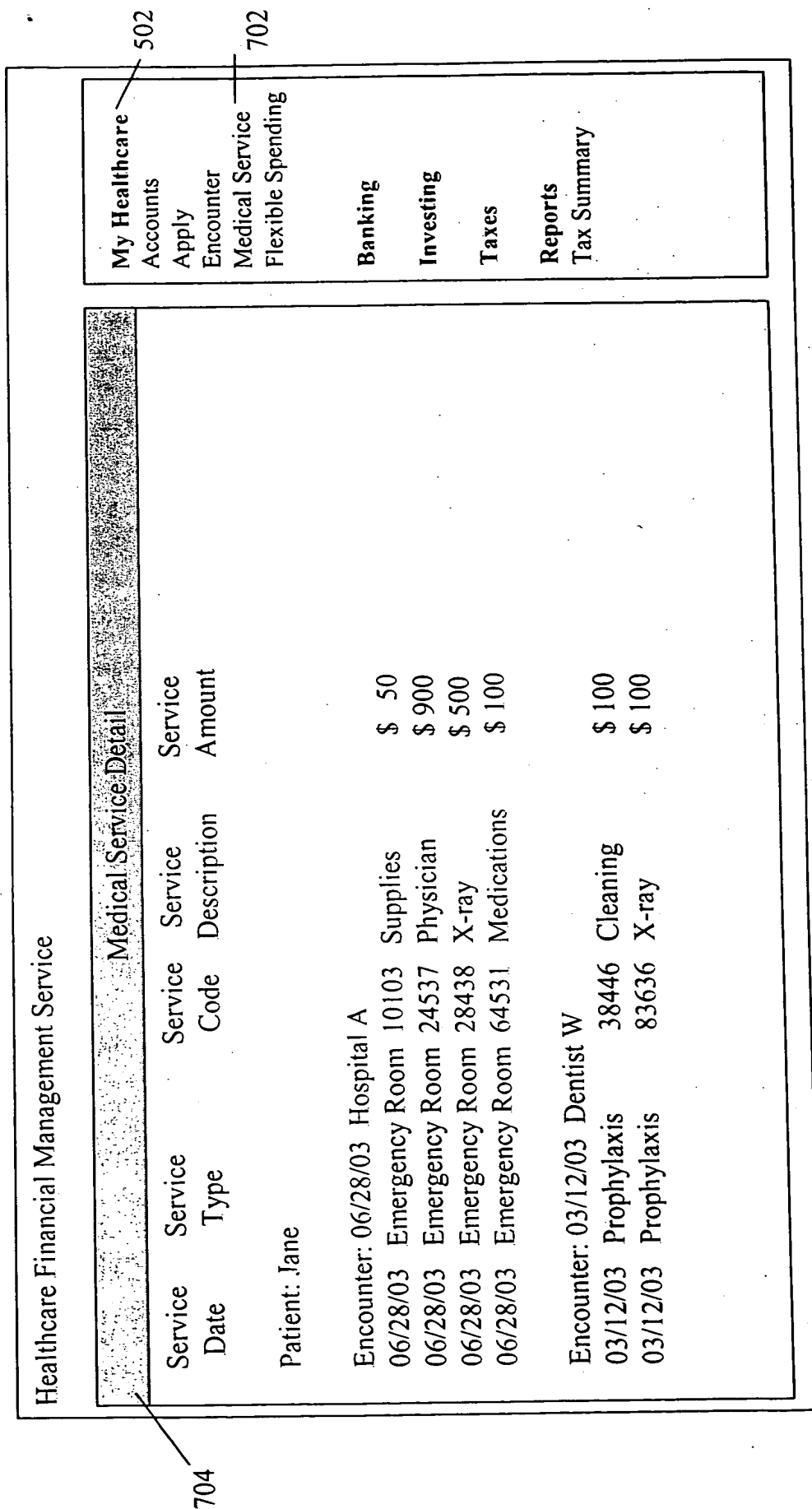


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Medical Service Detail Window

FIG. 7



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FIG. 8

800 Flexible Spending Account Window

Healthcare Financial Management Service

804

Flexible Spending Account Detail Activity				
Service Date	Expense Type	Patient	Eligible Expenses	Amount Reimbursed
11/22/03	Vision Care	Jane	400.00	400.00
07/09/03	Drugs	Jane	250.00	200.00
01/05/03	Dental	John	120.00	120.00

806

Flexible Spending Account Summary					
Effective Date	Goal Amount	Current Payments	Year-To-Date Payments	Year-To-Date Contributions	Available Balance
2004	1000.00	0.00	0.00	166.00	1000.00
2003	1000.00	1000.00	1000.00	1000.00	0.00

My Healthcare

Accounts

Apply

Encounter

Medical Service

Flexible Spending

Banking

Investing

Taxes

Reports

Tax Summary

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900

Healthcare Encounter Tax Summary Window

FIG. 9

Healthcare Financial Management Service							502	
Healthcare Encounter Tax Summary							902	
Date	Provider	Visit Type	Insurance Company	Total Bill	Insurance Amount	Patient Amount	My Healthcare	
Patient: Jane							Accounts	
07/10/03	Hospital A	Outpatient	Payer X	\$ 1,000	\$ 900	\$ 100	Apply	
06/28/03	Hospital A	Inpatient	Payer X	\$10,000	\$ 8,000	\$ 2,000	Encounter	
03/12/03	Physician W	Dental	Payer Y	\$ 320	\$ 250	\$ 70	Medical Service	
02/23/03	Clinic B	Vision		\$ 400	\$ 0	\$ 400	Flexible Spending	
Total							Banking	
							Investing	
							Taxes	
							Reports	
Patient: John							Healthcare Tax	
02/23/03	Clinic D	Routine		\$ 600	\$ 200	\$ 400	Summary	
Total								

904

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FIG. 10

1000

Paper Bill

1002

**Siemens Health System**

P.O. Box 999
Malvern PA 19335

1006

1004

Attending Physician: Claus Soarian, MD
Principal Diagnosis: 813.35
Provider: Siemen's Hospital
Provider Tax ID: 99-2176963

Pt Name: PATIENTI, MARGARET

Statement Number: 123456789

Account Number: 8947738

Bill Date: 01/01/2001

Birthdate: 01/15/61

1008

Summary for: IP Inpatient Hospital 10/25/00 - 10/30/00

1010

Description	Amount (\$)
CHARGES	
Room Charge - Double (1 day at \$538.00)	538.00
Room Charge - Private (4 days at \$602.00)	1,204.00
Total Room/Bed Charges:	1,742.00
Medical Units	100.00
Operating Room	90.00
Anesthesia	80.00
Central Sterile	70.00
ICU/CCU	60.00
Emergency Room	50.00
Laboratory-Clinic	40.00
Cardiology-EKG	30.00
Total Ancillary Charges:	520.00
PAYMENTS/ADJUSTMENTS	
Total Medicare Payments	200.00
Total Medicare Adjustments	100.00
Balance:	\$1,962.00

1012

THIS IS NOT A BILL. For your reference, the above transactions are itemized. We have billed your insurance company (s) listed below. If your insurance coverage does not pay for these charges, you will be responsible for any remaining balance.

Thank you for choosing LHS for your health care needs. Please call us at (570) 724-1750 or 1(800) 877-2455 if you have any questions.

1014

SOARIAN HOSPITAL
P.O. BOX 999
MALVERN PA 19335

1016

000000001 1 SP 0.330 01

MARGARET PATIENTI
APT. #5
1935 MOTOR STREET
DALLAS TX 75235

Financial Coverages

Our records indicate the following insurance plans. Please call us as soon as possible with any changes or additions at (570) 222-1750 or 1(800) 222-2455.

Priority	Plan Name	Policy number	Subscriber
1	Medicare	ZZ12345678	Thomas Patienti

Guarantor: Margaret Patienti

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